## DO NOT DETACH

ENTRY BLA	INK	coae	
PLEASE TYP	E OR PRINT	г	
Ms.  ☐ Mr. Artist	Diar	ne Bjel	(Last Name Last)
Permanent Address	1603 Street	Northland	Lakewoo
44107		Daytime Tel. (2) 6 -	221-2338
Zip		Area Code	
Temporary o Studio Addre			
	Street		City
		Daytime Tel. ( )	
Zip		Area Code	
		ive in one of the counth	
Collaborator			
	(	If Any)	
Artist will  Museum	pick up at M should dispo	ose of.	
	should ship address:	to artist at artist's ex	pense
	sary include	below instructions o	r a drawing of how

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature Diane 3 Wilks

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